

**ALABAMA DEPARTMENT OF PUBLIC HEALTH**

**REQUEST FOR PROPOSALS (RFP)**

**FOR**

**HIV PREVENTION SERVICES**

**CDC-RFA-PS-18-1802**

**Title:** Integrated HIV Surveillance and Prevention Programs for Health Departments (**CFDA Number:** 93.940)

**FON and Program Description:** CDC-RFA-PS18-1802 "Comprehensive HIV Prevention and Surveillance Program"

**Funder:** National Center for HIV-AIDS, Viral Hepatitis, STD and TB Prevention  
Centers for Disease Control and Prevention

**Office of HIV Prevention and Care**

**Release Date:**  
**May 8, 2023**



know.  
manage.  
live.

## Table of Contents

Section	Page
<b>A. Introduction</b>	<b>2</b>
<b>I. HIV Prevention Services</b>	
A.1 Background	4
A.2 Statement of Work	5
A.3 Eligible Applicants	5
A.4 Letter of Intent to Submit Proposal	5
A.5 Award Range	6
A.6 Proposal Deadline	6
A.7 Required Assurances and Agreements	6
<b>B. General Requirements and Information</b>	
B.1 Acquisition Schedule	7
B.2 Inspection and Acceptance	7
B.3 Period of Performance	9
B.4 Grant Administration Data	9
B.5 Assurance Statement	9
B.6 Right of Rejection	9
B.7 Severability	9
<b>C. Special Program Requirements</b>	<b>9</b>
<b>D. Proposal Preparation Instructions</b>	
D.1 Proposal Format	10
D.2 Required Documentation	13
D.3 Proposal Submission Instructions	13
D.4 Review Process	13
<b>E. Post Award Evaluation</b>	<b>14</b>
<b>F. Appendices and Attachments</b>	<b>16</b>

## **SECTION A. INTRODUCTION**

### **I. HIV Prevention Services**

In 2020, the Centers for Disease (CDC) reported 30,635 people received an HIV diagnosis in the United States. In 2020, male-to-male sexual contact accounted for 68% of all new HIV diagnoses in the United States and dependent areas. In the same year, heterosexual contact accounted for 22% of all HIV diagnoses. <https://www.cdc.gov/hiv/statistics/overview/diagnoses.html>

At the end of 2020, Alabama had 14,158 residents were known to be living with HIV and 5,480 (45%) of these had progressed to Stage 3 (AIDS) infection. An estimated 1 in 6 people living with HIV in Alabama are unaware of their infection, suggesting 14,474 Alabama residents may be infected with HIV. There are persons with HIV in every county in Alabama and the number continues to increase. Male-to-male sexual activity continues to be the predominant mode of exposure for HIV infection, while heterosexual contact is the second most common mode of exposure. Black males reporting sex with another male represent the majority of newly diagnosed HIV infections occurring among adolescents and young adults ages 15 to 29 years.

Since the first National HIV/AIDS Strategy (NHAS) was released in 2010, major advances have transformed how we respond to HIV. The NHAS provides stakeholders across the nation with a roadmap to accelerate efforts to end the HIV epidemic in the United States by 2030. This strategy is used to re-energize and strengthen a whole-of-society response to the epidemic while supporting PWH and reducing HIV-associated morbidity and mortality. The strategy has a number of goals and strategies:

#### **GOAL 1: PREVENT NEW HIV INFECTIONS**

- Increase awareness of HIV
- Increase knowledge of HIV status
- Expand and improve implementation of effective prevention interventions, including treatment as prevention, PrEP, PEP, and SSPs, and develop new options.
- Increase the capacity of health care delivery systems, public health, and the health workforce to prevent and diagnose HIV

#### **GOAL 2: IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV**

- Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment
- Identify, engage, or reengage PWH who are not in care or not virally suppressed
- Increase retention in care and adherence to HIV treatment to achieve and maintain long-term suppression
- Increase the capacity of health care delivery systems, public health, and the health workforce to serve people with HIV
- 

#### **GOAL 3: REDUCE HIV-RELATED HEALTH DISPARITIES AND INEQUITIES**

- Reduce HIV-stigma and discrimination
- Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care continuum
- Engage, employ, and provide public leadership opportunities at all levels for people with or at risk for HIV

- Address social determinants of health and co-occurring conditions that exacerbate HIV-related disparities

#### **GOAL 4: ACHIEVE INTEGRATED, COORDINATED EFFORTS THAT ADDRESS THE HIV EPIDEMIC AMONG ALL PARTNERS AND STAKEHOLDERS**

- Integrate programs to address the syndemic of HIV, sexually transmitted infections (STIs), viral hepatitis, and substance use and mental health disorders
- Increase coordination of HIV programs across all levels of government (federal, state, tribal, local, and territorial) and with faith-based and community-based organizations, the private sector, academic partners, and the community
- Enhance the quality, accessibility, sharing, and use of data, including HIV prevention and care continuum and social determinants of health data
- Identify, evaluate, and scale up best practices including through translational, implementation, and communication science research
- Improve mechanisms to measure, monitor, evaluate, report, and disseminate progress toward achieving organizational, local, state and national goals

This Request for Proposal (RFP) is presented in tandem with the vision of the *Ending the HIV Epidemic in the U.S. (EHE)* which represents the CDC’s **new direction for HIV prevention strategies**. The Office of HIV/AIDS Prevention and Care (OPHC) new twelve-month funding opportunity represents a new direction designed to achieve a higher level of impact with the best use of federal HIV prevention dollars. **\*Pending CDC’s 2023-2024 budget approval.**

The CDC’s High Impact Prevention (HIP) is a public health approach to disease prevention in which cost-effective proven, and scalable interventions are targeted to specific populations based on disease burden. It provides a strategy for using data to maximize the impact of available resources and interventions. The primary goals of HIP are to prevent the largest number of new infections, save life-years, and reduce disparities among populations. In this approach to disease prevention resources are aligned with disease burden in geographic areas and within populations.

##### **A.1. Background**

Since 1994, the Alabama Department of Public Health’s (ADPH) HIV Office of Prevention and Care followed the Centers for Disease Control’s (CDC’s) national mandate to launch *The HIV Prevention Community Planning Process*. Over the years, the process has evolved and allowed thousands of community participants representing *HIV Prevention & Care Groups (HPCGs)* to provide input and direction to the state health departments on priorities for prevention funding.

Information from community networks and the End HIV Alabama workgroup was used to assist the Office in compiling the “**2022 HIV Prevention and Care Plan Integration Plan**.” This document provides recommendations for the development of statewide prevention and care services to align with National HIV/AIDS Strategy (NHAS). **Priority populations and objectives** identified in the Integration Plan **should be reflected** in 2023 submitted proposals aligning with the state and the 2022-2025 NHAS to: 1) prevent new HIV infections 2) improve HIV-related health outcomes of people with HIV 3) reduce HIV-related disparities and health inequities and 4) achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders. <https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf>

The growing number of persons with HIV having the potential to transmit the virus presents a challenge for prevention. At the same time, recent scientific breakthroughs in treatment, prevention, and

surveillance have equipped us with several effective tools to reduce or prevent infection. Targeted prevention should specifically focus on segments of populations at greatest risk based on assessments and reliable data from a variety of sources. Based on the needs assessment, prioritized populations in Alabama include PWH, people of trans experience, African Americans, Latinx people, Men Who Have Sex with Men (MSM), and those who have unstable housing or experiencing homelessness.

## **A.2. Statement of Work**

The above overview highlights important documents OHPC encourages applicants to review, incorporate and reference in the preparation of prevention proposals. Applicants' FY 2023 prevention project proposals must reflect the intent of the OHPC 2023 - 2024 HIV Prevention and Care Plan (HPCP). Project proposals must include an HIV testing and linkage component to reach the identified priority populations: PWH, people of trans experience, African Americans, Latinx people, MSM, and those who have unstable housing or are experiencing homelessness.

Following is a brief review of CDCs definitions and general findings on intervention efforts for each:

**People with HIV (PWH):** In 2020, 30,635 people received an HIV diagnosis in the United States and dependent areas. The annual number of new diagnoses decreased 8% from 2016 to 2019.

**People of Trans Experience:** Nearly 1 million people identify as transgender in the United States (US), and transgender people made up 2% (671) of new HIV diagnoses in the US and dependent areas in 2019.

**African Americans:** Black/African American people are most affected by HIV. In 2020, Black/African American people accounted for 42% (12,827) of all new HIV diagnoses.

**Hispanic/Latino People:** Of the 34,800 estimated new HIV Infections in the US in 2019, 29% (10,200) were among Hispanic/Latino people.

**Men Who Have Sex with Men (MSM):** According to the CDC, 70% (24,500) of new HIV infections in the US in 2019 were among gay and bisexual men.

**Those Who have Unstable Housing or Experiencing Homelessness:** CDC studies have reported that people experiencing homelessness or housing instability are also more likely to engage in activities associated with increased chances of HIV acquisition or transmission. 17% of people with diagnosed HIV experienced homelessness or unstable housing in 2020. (<https://www.cdc.gov/hiv/policies/data/role-of-housing-in-ending-the-hiv-epidemic.html>)

## **A.3. Eligible Applicants**

Public governmental and/or private organizations which can demonstrate current non-profit 501C (3) status and can provide assurance of ability to access target populations.

## **A.4. Letter of Intent to Submit Proposal**

In order to be considered for funding, an organization must file a letter of intent to submit a proposal by May 22, 2023. This letter must document a current 501(c)(3) non-profit status. Letters submitted by email will be accepted.

(See Attachment 2 for form letter.)

#### **A.5. Award Range**

During this funding cycle up to six successful proposals will be selected in amounts ranging from \$40,000 - \$200,000 contingent on available funding. Only one award per organization/clinic. Applicants should apply only for amounts that are realistic and necessary to complete program activities annually for the duration of the one-year funding cycle, **June 1, 2023 – May 31, 2024**. Progress reports and annual program plans must be submitted and are subject to approval for funding renewal. **NOTE: The health department reserves the right to negotiate awards based on project plans, performance, and/or recommended program reviews.**

**All payments are on a reimbursement basis pending satisfactory completion of work and approval of submitted invoices.**

#### **TERMS AND CONDITIONS**

**State of Alabama laws, rules, and regulations specifically govern the format and requirements of agreements between state agencies and awarded respondents. A proforma agreement and business associate agreement (BAA) is included as Attachment 19. If awarded, respondent agrees to include and meet all State of Alabama required clauses in the agreement and BAA, if required.**

#### **A.6. Proposal Deadline**

Completed proposals **must be received** by the Office of HIV Prevention and Care before or on Thursday, June 1, 2023 by 5:00 p.m. The original and four copies of the proposal must be submitted by the due date via mail or courier delivery service. There will be no appeals for failure of the delivery service to get the application delivered on time. When received by the HIV Office of Prevention and Care, the application will be reviewed for completeness. Incomplete proposals and faxed copies will not be accepted. Applicants may submit one proposal per organization/clinic. **Final Checklist (See Attachment 18)**

#### **A.7. Required Assurances and Agreements (See Attachment 3)**

##### **HPCG Public Information Committee**

In accordance with specifications established by the State, all written materials, audiovisual materials, survey instructions, pictorials, educational curricula, and all other educational materials used in conjunction with this award must be reviewed and approved prior to their use by an appropriate Public Information Committee, as recognized by the Office of HIV/AIDS Prevention and Care. Applicants must return a Materials Review Compliance Form (Attachment 3) signed by an official representative to be eligible for an award.

##### **Assurance of Compliance with State Requirements**

Assurance must be signed by an official representative to be eligible for an award. (Included in Attachment 3)

##### **Letters of collaboration from District HIV Prevention Manager**

In order to be considered for funding, an applicant must obtain a letter of collaboration from the health department representatives in the district in which activities will be conducted. A map of the District HIV Prevention Manager is included as Appendix 2.

## SECTION B

### B. GENERAL REQUIREMENTS AND INFORMATION

#### B.1. ACQUISITION SCHEDULE

<u>Activity</u>	<u>Scheduled Date</u>
Media Release .....	May 8, 2023
Release RFP.....	May 8, 2023
Proposal Question & Answer Conference.....	May 15, 2023
Letter of Intent to propose.....	May 22, 2023
Proposals Submitted.....	June 1, 2023
Proposal Reviews.....	June 14, 2023
Grant Awards.....	July 3, 2023
Funding Cycle.....	June 2023 – May 2024
Post Award Conferences.....	TBA

#### **Definitions of Acquisition Activities:**

**Proposal Q & A Conference:** This is a conference conducted by the OHPC staff to explain the technical and legal requirements of the Request for Proposals (RFP). There is some general information from the RFP regarding who to contact with questions and how and when proposals can be submitted but the most important part is the response to questions posed by the prospective providers of services. The major precaution about the pre-proposal conference is that the RFP is not changed at that point. Changes, if necessary, are done subsequently in writing as RFP amendments.

**Site Visits:** Site visits are conducted with proposers if the place of performance is critical to success of the proposal. The acquisition activity thereby is given general impressions of the suitability of the proposer place of business or other site for accomplishing the proposed activity. Negotiations include any discussion of the proposals with individual offerors for the purpose of substantive change including reduction of cost. The purpose of negotiations is to reach a “meeting of the minds” with each proposer. Site visits and negotiations can be conducted together or separately. If negotiations are conducted with any proposer, they must be conducted with all offers in the competitive range (proposals that have a reasonable chance of getting an award). After negotiations, each proposer is provided the opportunity to submit a revised proposal including cost that will include any changes made based on the negotiations. This step can be omitted if you don’t have negotiations.

**Post Award Conferences:** These are conducted with each successful offeror individual and or group to discuss the way the grants will be administered. Points of contact with telephone numbers and emails addresses, invoicing procedures, reporting, evaluation, and other administrative matters are discussed. These conferences are held immediately before or after the start of performance by the grantees.

#### B.2. INSPECTION AND ACCEPTANCE

1. All services provided under the terms and conditions of this grant are subject to inspection and acceptance by the Prevention and Program Branch of the Office of HIV Prevention and Care, Alabama Department of Public Health, RSA Tower Suite 1200, 201 Monroe Street, Montgomery, AL 36104.

2. The time and location of inspection visits will normally be coordinated between the health department and the grantee at least one week in advance of the inspection visit. However, the health department reserves the right to conduct short notice or “no notice” inspections if circumstances warrant.

3. Inspection visits will be documented in inspection reports to be published not later than thirty days after each inspection visit. Inspection findings documented in each report will be diligently worked by the grantee to the satisfaction of the health department.

#### **4. Inspection and Acceptance (Post Award)**

The Prevention and Program Branch will utilize a comprehensive prevention evaluation tool to monitor funded HIV prevention activities. The tool will incorporate individualized components that will be used to monitor and assess program interventions, and ensure quality assurance for measuring process, outcome and impact indicators. Project monitoring will occur at random in four separate phases:

1) Submission of comprehensive summary reports specifically outlining program activities occurring throughout the quarter, data resources used to evaluate project interventions, monthly data uploads into Evaluation Web, community collaborations, internal/external trainings attended, number of persons participating in project interventions, and barriers to accomplishing the proposed objectives during the specified quarter;

2) Site Visits: At least 1 site visit/audit will be held annually to include but not limited to the following:

- A review of documentation and materials used for program interventions
- Total number of persons, targeted audience served monthly
- Total number of capacity building activities
- Total number of collaborations with other community partners
- Total number and frequency of activities
- Discussion of project strengths and barriers
- Documentation of community collaborations to support Memorandums of Agreement
- Identification of noncompliance areas
- Suggestions for project enhancement and improvement
- Upcoming meetings and events (local and state level)
- Program Evaluation and Monitoring
- Total number tested to include results and test administered
- Next Site Visit Date.

Observation Visits: One to two visits annually will be made by monitor to observe project activities (e.g. group level interventions, theme based, support and/or educational, community forums/programs, staff in-services, professional development trainings, continuing education workshops).

3) Monthly reporting with project staff throughout the duration of the funding cycle. Report monitoring will include but not be limited to the following:

- Written documentation of program intervention progress using Office format and submission schedule
- Scheduled Project Update at the HPCG meeting in Montgomery and the local HIV Network group

**Noncompliance with the aforementioned monitoring requirements is subject to withholding of monthly payments. Issuance of payments will be awarded based on acceptable and approved services provided.**



### **B.3. PERIOD OF PERFORMANCE**

1. The grant period of performance is for one calendar year beginning **June 1, 2023 and concluding May 31, 2024**. If the grant is not awarded by February 1, 2023, the start date for the period of performance will slip on a day-for-day basis until the contract is awarded.
2. The one year grant cycle is June 1, 2023 – May 31, 2024.

### **B.4. GRANT ADMINISTRATION DATA**

1. Invoices for reimbursement of services provided will be submitted promptly, after the conclusion of each calendar month by the contractor. Each monthly invoice will be accompanied by a letter of transmittal on contractor letterhead, a Service Expenditure Report in the specified format, and back up data (e.g. receipts, payroll records, certifications) supporting each expense for which reimbursement is requested. (**Attachment 17**)
2. Invoices will be promptly processed and paid in accordance with Office of HIV Prevention and Care Office Grant Guidance, state and federal rules and regulations if services are deemed to be satisfactory and there are no grant clause non-compliance issues.
3. All invoices should be submitted no later than 30 days from the end of the grant year.

### **B.5. Assurance Statements**

Relevant grant clauses detailing requirements of the State of Alabama and the Federal Government are included as **Attachment 4 and 5**. Please read carefully and be aware that these will be included in awarded contracts.

### **B.6. Right of Rejection**

1. The Department reserves the right, at its sole discretion, to reject any and all proposals or to cancel this RFP in its entirety.
2. Any proposal received which does not meet the requirements of this RFP may be considered to be non-responsive, and the proposal may be rejected. Proposers must comply with all of the terms of this RFP and all applicable State laws and regulations. The Department may reject any proposal that does not comply with all of the terms, conditions, and performance requirements of this RFP.
3. Proposers may not restrict the rights of the Department or otherwise qualify their proposals. If a Proposer does so, the Department may determine the proposal to be a non-responsive counteroffer, and the proposal may be rejected.

### **B.7. Severability**

If any provision of this RFP is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected; and the rights and obligations of the Department and Proposers shall be construed and enforced as if the RFP did not contain the particular provision held to be invalid.

## **SECTION C. SPECIAL PROGRAM REQUIREMENTS**

Funded prevention projects will be responsible for implementing protocols to enhance the overall quality assurance of intervention activities. In an effort to enhance and improve the quality of services provided, special program requirements have been identified:

- 1) Participation in a post grantee award and evaluation orientation.
- 2) Participation in state level meetings and educational trainings.

- 3) Project presentations with collaborative partners and nontraditional HIV community-based service providers;
- 4) Project presentations at local community network and state HIV Prevention and Care meetings;
- 5) Submission of project monthly reports to the state Project Monitor and District HIV Prevention Manager.

## **SECTION D. PROPOSAL PREPARATION INSTRUCTIONS**

### **D. 1 Proposal Format**

**See Attachment 1 for Proposal Forms and Instructions.**

**Note: Additional pages can be used if needed.**

**A. Face Page:** Each applicant must complete information on form provided.

**B. Table of Contents:** Each proposal must contain a table of contents. All pages should be numbered, including attachments.

**C. Abstract:** Each applicant must submit a Project Abstract using the form provided in the **Attachment 9**.

**D. Proposal Outline:** Proposals submitted **must follow** the outline below.

#### **1. Agency Description/Capability Statement**

This section describes the agency: strengths and capabilities; experience in program development (i.e., planning, designing, implementation, evaluation) for HIV educational and outreach programs for minority populations; knowledge of HIV/AIDS related issues; significant community involvement in HIV care and expertise in risk reduction programs with the indicated priority population or other high risk groups; fiscal and organizational soundness through structure, staffing and accounting process/procedures. By-laws, letters of support and other relevant documents should be referenced and indicated in the appendices of the submitted proposal. **Complete Community Applicant Readiness Worksheet and brief narrative addressing any other relevant information about your agency's capability to be successful in implementing this proposal. (See Attachment 7)**

#### **2. Target Area Description**

Describe the area to be served; target audience; community issues related to HIV/AIDS; barriers; knowledge/perceptions of the target audience; and identified community networks. Consideration should be given to involvement of the prioritized population in program development of the proposed project.

#### **3. Proposed Project Work Plan (Indicate project name if applicable)**

Proposed Plan

**1) Project Goal(s) and Objective(s):** State an overall project goal related to the population program priorities identified by this proposal package. Identify specific, time-phased, measurable objectives to be achieved.

**2) Program Implementation:** Describe clearly the HIV prevention intervention/strategy method to be implemented for a one-year period. Provide justification for selected method(s) (i.e.,

replication/experience from where? by whom? outcomes?). Indicate the expected results supported by current research/literature.

**3) HIV Counseling, Testing, Linkage, (CTL) Services are a required component of this proposal.**

Describe plans to provide CTL services designed to diagnose as many new HIV infections as possible. Discuss plans for increasing the number of persons to be screened, establishing new, non-traditional testing venues and increasing the number of persons returning for Post Test Counseling and Linkage services. Plan must include how referrals and linkages (ensure client made and attended first appointment) will be made to additional prevention and care services. The CDC recommends clients are linked to medical care within 30 days of the first screening test.

**4) Collaboration:** Describe the linkages with groups and agencies that will take part in the project and the mechanisms of communication/collaborations between two or more parties. Outline roles, responsibilities, structure, and/or coordination [i.e., Memoranda of Understanding/Agreement (MOU/MOA), subcontract]. The MOU/MOA should be included with the proposal. Address how the proposed project will interact with, but not duplicate existing efforts serving targeted populations. Discuss whether the proposed project is new or is a continuation of an effort for which funding has been or will be discontinued. Discuss your agency's awareness of and/or involvement with the HIV Alabama, HIV Prevention and Care Group, or local community network.

**5) Outcome:** Describe the anticipated project benefits to the target population, community, and other project participants. Highlight behaviors to be modified and capacity building achieved for prevention providers as well as the project recipients.

**6) Month-by-Month Time Line:** Applicants must prepare a month-by-month time line which describes activities for each project objective for the projected one year period. This timeline will serve as a basis for monitoring progress and adjusting activities as necessary. It should identify who's doing what, when, where and how. Target dates should reflect initial, interim, and final time periods when appropriate.

**7) Staffing Plan:** Indicate the appropriateness of existing/proposed staff experience and any training necessary for accomplishing the proposed project. State the job title and provide a job description for each position, whether volunteer or paid. Identify any individual who will assume a project role/position and include a copy of the resume/biographical sketch with the proposal. Cite the recruiting/training and supervision process, if applicable.

**8) Evaluation:** Submit a plan for how the project will be monitored and evaluated to determine whether objectives have been met during the project year. Process and outcome measures should be described. Demonstrate how progress toward attaining objectives will be measured (i.e., monitoring activities, information/data collection methods, measurement tools and criteria). Applicants should consider using a portion of proposed funding or other resources to ensure that meaningful evaluation activities are appropriately conducted.

**9) Budget and Budget Justification:** For questions or assistance with budgetary matters, please call Cheri Reeves-Tillery (334) 206.7969.

Proposals must include a detailed project budget, using the format described below. A budget narrative section providing supportive description and justification for each line item should follow the budget. All program expenses are on a reimbursable basis

according to state and federal rules and regulations. Capital costs, such as the purchase of office equipment, computers, video equipment, VCRs, etc., will not be funded and should not be requested. Seek consultation with state technical advisors before purchasing incentives and arranging retreat services. A sample budget and budget narrative/justification is provided in Attachments 15 and 16.

## **Instructions for Budget**

### **1. Personnel Costs**

List all personnel whose salaries will be paid in whole or in part with funding for this proposal. For each position, provide the job title, employee name, brief description of duties and responsibilities related to the project, annual salary, percentage of time to be devoted to and paid for by this grant, and amount to be charged to this grant. If the position is vacant, indicate when the position is expected to be filled.

### **2. Fringe Benefits**

Provide the aggregate amount of fringe benefits for personnel and include a break down of the benefits covered by this amount.

### **3. Travel**

All travel must directly benefit the work supported by this grant. List all travel anticipated to occur during the grant period. Be specific about who will travel, where, when and why the travel is necessary. **In-state** mileage rate and per diem will be paid according to the state rate for travel necessary or beneficial to the project.

### **4. Subcontractors**

For subcontracts included within the proposal budget, applicants should name the sub- contractors, describe the services to be performed, and provide a description of and justification for the proposed costs of subcontracts. Please refer to IRS 20 Factor Test for distinction between employees and independent contractors.

[https://www.angelo.edu/services/sbdc/documents/library\\_resources/IRS%2020%20Factor%20Test.pdf](https://www.angelo.edu/services/sbdc/documents/library_resources/IRS%2020%20Factor%20Test.pdf)

**Note:** All subcontracts will be restricted by the Office of HIV/AIDS pending prior approval of the proposed subcontract and the corresponding work plan.

### **5. Supplies**

Detail each estimated cost, such as:

**Office supplies** - Funds used for general office supplies for the project.

Supplies include: copy paper, file folders and related items.

**Education Materials** - Funds used for brochures, pamphlets, posters and other materials for implementation of targeted efforts.

**Resource Materials** - Funds used for reference materials to implement activities related to the project objectives.

**HIV Test Kits** – Used for participants of the program.

### **6. In-Kind Contributions**

Detail any in-kind contribution that will be made to the project by the applicant organization or other sources. Describe the contribution and its dollar value (i.e., donation of time, volunteers, materials, office space, staff time and/or other services which contribute to the goal of the project without incurring costs).

### **7. Other Resources**

Provide information about current relevant sources of support for your organization. Proposals requesting partial funding for a project will not be considered unless funding has already been secured for all other aspects of the project and the activities of the ADPH-funded portion of the project can be evaluated and described independently from the remainder of the project.

### **8. Indirect Cost**

Ten percent (10%) is the allowable indirect cost for this grant. If you do not have documentation from a federal agency of your indirect rate, you must use the de minimis rate allowed by regulation or else not

budget for indirect costs. You may still budget for specific administrative costs if you do not budget for indirect costs.

#### **D. 2 Required Documentation:**

- a.** A signed statement which indicates the agency's assurance that it has current private, non-profit 501C (3) status prior to **December 1, 2022. (Attachment 4)**
- b.** A signed statement which indicates the applicant's intent to comply with the "Contents of AIDS Related Written Materials" specified by the State.  
(See **Attachment 3** for form. Form should be submitted on your agency letterhead.)
- c.** Signed statement which document agreements to collaborate with State and federal requirements in the implementation of this project.
- d.** Assurance that all programs are abstinence based as required for all Health Department funded HIV prevention projects.
- e.** Resumes or biographical sketches of existing or proposed position/roles to carry out project responsibilities.

#### **D.3 Proposal Submission Instructions**

##### **A. Submitting the Proposal**

An original and five copies of the proposal must be received by 5:00p.m., CDST, June 1, 2023. No extensions will be given and no faxed proposals will be accepted.

##### **MAILING ADDRESS**

Katie Brent  
HIV/AIDS Office  
Alabama Dept. of Public Health  
RSA Tower-Suite 1400  
P.O. Box 303017  
Montgomery, Al 36130-3017

##### **PHYSICAL ADDRESS**

Katie Brent  
HIV/AIDS Office  
ADPH  
RSA Tower-Suite 1400  
201 Monroe Street  
Montgomery, Al 36104

For questions, contact Jora White at [jora.white@adph.state.al.us](mailto:jora.white@adph.state.al.us) or Katie Brent at [katie.brent@adph.state.al.us](mailto:katie.brent@adph.state.al.us)

#### **D.4 Review Process**

##### **Technical Review Panel**

An initial review of proposals will be conducted by program and administrative staff from OHPC. This review will be based on the technical merit of the proposal to determine if instructions were followed and if eligibility requirements are fully met. The following is a checklist of items required in this proposal. Incomplete proposals will be disqualified without further review. Proposals that meet the following eligibility requirements will proceed to the external review team.

- Letter of Intent with Required Information
- Cover/Face Page
- Table of Contents
- Program Abstract
- Agency Description/Capability Statement
- Target Area Description
- Proposed Project Plan
- Budget/Budget Justification
- Copy of 501(c)(3) Certification (non-profit status by Internal Revenue Service)
- Statement of Agreement to Comply with State Regulations

- Statement of Assurance

### **External Review Team and Evaluation Factors for Award**

The Office will assemble an external peer review team of professionals who have expertise in health care, evaluation, HIV education, and outreach work. Every endeavor will be made to include at least one consumer.

Based on their knowledge and experience, these selected individuals will review applicant's content and written presentation of the proposal, organizational capability, and collaboration intent. The following criteria will be utilized to evaluate proposals.

• Past Performance	20 points
• Target Population and Community Description	5 points
• Relevant Proposed Project and Evaluation Plan	50 points
• Capability/Collaboration to Implement Plan	25 points
Total Possible Score	100 points

### **SECTION E. POST AWARD EVALUATION**

The Prevention and Program Branch will utilize several criteria in assessing organizational readiness for implementing the proposed intervention activities. Some of these criteria will include the following:

#### **Organizational Experience and Capabilities**

- Documentation of experiences in working with one or more of the prioritized target populations (i.e. client service logs, community outreach logs, case management records, and/or progress notes)
- Documented HIV/AIDS Education – Some knowledge of HIV infection and prevention, state infectious disease laws, testing and reporting guidelines
- Community Collaborations – Currently established relationships with agencies serving persons living with HIV or targeted populations for prevention
- Identified barriers to service delivery with the prioritized target population,
- Professional accommodations to assist with the provision of services to persons with special medical and social service needs

#### **Staff Qualifications**

- Educational level and professional experience of staff implementing the proposed program interventions
- Cultural sensitivity, diversity awareness, and professional maturity level in working with persons identified to have special needs
- Some knowledge and experience of implementing CDC approved intervention levels (individual level, group level, risk reduction counseling, prevention case management and/or community level) with the prioritized target populations

#### **Geographic Location**

- Organizational distance and proximity to prioritized high risk persons within the Public Health Area
- Access to targeted street outreach activities in nontraditional venues
- Availability and convenience for high-risk populations to access agency services and program interventions

#### Cost/Benefit Analysis

- The costs associated with the proposed project should directly reflect the action steps necessary to implement the proposed objectives.
- The costs should not reflect any intended activity not specifically indicated in the proposed work plan.
- All costs associated with the proposed program should result in the benefit of specifically planned, implemented and evaluated intervention activities.

**Discussions may be conducted with respondents who submit proposals determined to be reasonably sufficient for being selected for award, but proposals may be accepted without such discussions. If additional information or discussions are needed with any respondents, the respondent(s) will be notified. The selection decision for the winning proposal will be made no later than May 1, 2023.**

**Award will go to the proposal that conforms to the solicitation and is the most advantageous to the State, taking into consideration price and evaluation factors.**

## **Appendix 1**

### **CDC's Evaluation Guidance on Selected Intervention Types**

#### **1. Behavioral Interventions**

The Diffusion of Effective Behavioral Interventions (DEBI) is a national-level strategy on selected evidence-based, prevention interventions. Interventions that fall under this umbrella have been proven effective through research studies, i.e., showed positive behavioral and/or health outcomes. All other evidence-based interventions (EBIs) that may be locally developed must show efficacy but are not part of the recognized DEBI model.

##### **A. Individual-Level Interventions (ILI)**

Health education and risk-reduction counseling provided to one individual at a time. ILIs assist clients in making plans for individual behavior change and ongoing appraisals of their own behavior. These interventions also facilitate linkages to services in both clinic and community settings (e.g., substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and they help clients make plans to obtain these services.

##### **B. Group-Level Interventions (GLI)**

Health education and risk-reduction counseling (see above) that shifts the delivery of services from the individual to groups of varying sizes. GLI use peer and non-peer models involving a wide range of skills, information, education, and support.

##### **C. Community Level Intervention (CLI)**

Community Level Interventions (CLIs) seek to improve the risk conditions and behaviors in a community as a whole, rather than intervening with individuals or small groups. This is often done by attempting to alter social norms, policies or characteristics of the environment. Examples of CLI include: community mobilizations, social marketing, campaigns, community-wide events, policy and structural interventions.

#### **2. Structural Interventions**

Structural interventions are designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to affect environmental or societal change (e.g., condom distribution); increases the 3 A's: Availability, Accessibility, and Acceptability

#### **3. Public Health Strategies**

Approaches aimed at early intervention and retention of patients in care-reducing health disparities, addressing social determinants, and building self-efficacy for greater health outcomes. These initiatives emphasize the use of proven public health approaches to reduce the incidence and spread of HIV disease. Principles applied to prevent disease and its spread may include appropriate routine screening, identification of new cases, partner counseling and referral services, and increased self management for sustained treatment and prevention



services. Social and economic problems, inequality, poverty and social exclusion, are some of the major determinants of ill health. This strategy is intended to advance the health of clients towards the best health status indices through strong assistance and support. Clients themselves should become better informed about health, more motivated, better able to maintain and improve their own health and promote health and their experiences to their peers.

#### **4. Social Marketing Interventions**

Social Marketing is the use of marketing theory, skills, and practice to achieve social change, promote the general health, raise awareness and induce changes in behavior. Community mobilization models for HIV prevention include social marketing campaigns aimed at targeted audiences. Usually multiple devices/mechanisms are used complementary or in succession to achieve the greatest spread of the message(s) to the intended target audience. (ie., social media, social networks, print materials, billboards). Measuring results must be carefully considered. Social marketing strategies must be paired with linkage services.

#### **5. Biomedical (Medical Adherence) Interventions**

Biomedical Interventions use medical and clinical, approaches designed to moderate biological and physiological factors to prevent HIV infection, reduce susceptibility to HIV and/or decrease HIV infectiousness.

**NOTE: Applications selecting any of the five above interventions must include in the program plan how the project will provide Community Based Counseling, Testing, Linkage, Retention, and/or Reengagement (CTLRR) services.**

HIV counseling and testing delivered in public health department sites and community-based (i.e., non public health department) settings in order to increase the numbers of persons who know their HIV status and if positive, can then be linked and importantly, retained and/or reengaged in care and prevention services.

## Appendix 2

### HIV/AIDS SERVICE DISTRICTS/COUNTIES HIV MANAGERS

#### HIV PREVENTION NETWORK GROUPS

##### NORTHERN DISTRICT

Tia Gilbert  
Northern District HIV Manager  
4112 Chisholm Rd.  
PO Box 3568, Florence, AL 35630  
Office: (256) 765-7527  
Lettia.Gilbert@adph.state.al.us

##### NORTHEASTERN DISTRICT

VACANT  
Northeastern District HIV Manager  
3400 McClellan Boulevard, Anniston, AL 36201

##### WEST CENTRAL DISTRICT

Shakina Wheeler-Cox  
West Central District HIV Manager  
2350 Hargrove Road East  
Tuscaloosa, AL 35405  
Office: (205) 554-4526  
shakina.wheeler@adph.state.al.us

##### JEFFERSON COUNTY

Jahlla Craig  
Jefferson County HIV Manager  
601 West Blvd.  
Birmingham, AL 35206  
(205) 838-7371  
Jahlla.Craig@adph.state.al.us

##### EAST CENTRAL DISTRICT

KaLaun Hambrite  
East Central District HIV Manager  
3060 Mobile Highway, Montgomery, AL 36108  
Office: (334) 293-6476  
kalaun.hambrite@adph.state.al.us

##### SOUTHWESTERN DISTRICT

Kendall Maye  
Southwestern District HIV Manager  
416 Agriculture Drive  
Monroeville, AL 36460  
Office: (251) 575-8869  
Kendall.Maye@adph.state.al.us

##### SOUTHEASTERN DISTRICT

Jacqueline Shell  
Southeastern District HIV Manager  
1781 E Cottonwood Rd, Dothan, AL 36301  
Office: (334) 678-5920  
Jacqueline.Shell@adph.state.al.us

##### MOBILE COUNTY

Tameka Dale-Wright  
Mobile County HIV Manager  
251 N. Bayou St.  
Mobile, AL 366521  
(205) 690-8850  
Tameka.Dale-Wright@adph.state.al.us



**Attachment 1  
Proposal Forms & Instructions**

**LETTER OF INTENT TO PROPOSE**

Complete and return by May 22, 2023.

**ASSURANCES**

Complete the service project form, material review and ADPH policy statement. All assurances must be returned with the proposal packet on June 1, 2023.

**Instructions for Face (HIV Prevention Project) Page**

**Section 1:** Indicate the title of your proposed program.

**Section 2:** If this is a group proposal, list all the agency members.

**Section 3:** Name and address of organization designated to receive funds (fiduciary agent) as filed with the Secretary of State's Office. Provide Federal Employer Identification Number (FEIN) and total funding requested.

**Section 4:** Name, title, telephone number, Internet e-mail address (if available), and fax number of programmatic contact person.

**Section 5:** Name, title, telephone number, Internet e-mail address (if available), and fax number of fiscal contact person.

**Section 6:** Check the geographic area served by the proposed program. If catchment area(s), towns or regions, list all that apply.

A person who is authorized by the Applicant's Governing Body to apply for funds must sign proposals. This should be the same person who will sign the contract.

**INSTRUCTIONS FOR COMMUNITY READINESS WORKSHEET**

Complete the questions to assess your community's level of readiness to receive

**INSTRUCTIONS FOR TABLE OF CONTENTS**

Provide a Table of Contents outlining the sections of the Proposal and the related pages.

**INSTRUCTIONS FOR ABSTRACT**

Provide a summary of the proposed program, including a clear description of the goals, targets, approaches, linkages and outcomes. The abstract must not exceed the one page limit.

## **INSTRUCTIONS FOR NARRATIVE**

Include any other relevant information about your agency's capability to be successful in implementing this proposal.

## **TARGET AREA DESCRIPTION**

Describe the target audience, community issues, barriers to care, knowledge of target audience and community networks.

## **INSTRUCTIONS FOR PROPOSED WORK PLAN**

Goal: Specify each goal of your program(s).

Objective: Specify the objectives which correspond to the goal.

Activities: List all major activities needed to fulfill each objective. It may be necessary to use more than one page. Activities are specific tasks required to accomplish the objectives.

Staff Responsible: Indicate the staff responsible for the completion of the activities and/or objectives.

Time Frame: Indicate specific time frames for completion of each activity/objective.

## **FOR BUDGET REQUEST**

Applicants must use the budget request form in completing a one-year budget proposal. See Attachment 13. The budget should be divided into five major categories of cost: personnel, fringe benefits, travel, subcontractors, supplies, other, and indirect cost. Revenues should be listed, and sources identified. In addition to completing the budget forms, you must supply a narrative for your budget. The narrative should justify specific items listed in the budget request forms. In developing your budget plan, consider cost for personnel, meetings and trainings, coalition development, and evaluation.

## **INSTRUCTIONS FOR BUDGET JUSTIFICATION**

The budget narrative should include justification for the budget costs as well as any funding sources that will provide a cash match.

### **Indirect Costs**

Explain the basis for the overhead fee charged by the fiscal agent (regardless of whether that agent is the applicant, one member among the group of applicants, or an outside entity hired by the applicants(s)). Specifically describe what services are received by the project in return for the fee.

**Attachment 2**

**FORM FOR LETTER OF INTENT TO PROPOSE**

**Fiscal Year 2023-2024**

**HIV Prevention Proposal**

**Office of HIV/AIDS Prevention & Control**

**Alabama Department of Public Health**

As owner, president or other responsible employee of this organization with the authority to decide such matters, I can say that it is our intent to submit a proposal in response to this solicitation. I understand that this statement of intent does not bind this organization to submit a proposal.

Date of Letter\_\_\_\_\_

Signature of Owner or Employee\_\_\_\_\_

Name of Owner or Employee\_\_\_\_\_

Telephone Number of Owner or Employee\_\_\_\_\_

Email Address of Owner or Employee\_\_\_\_\_

Name and Address of Company or Organization

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach documentation of non-profit 501(3)(c) status.**

### **Attachment 3**

#### **Assurances to be Included in Proposal**

##### **Assurance of Compliance with the "Requirements of AIDS-related written materials, pictorials, audiovisuals, survey instruments, questionnaires, and educational sessions in ADPH HIV/AIDS Prevention and Control Assistance Programs"**

By having a representative sign and submit this form, \_\_\_\_\_  
(Contractor) agrees to comply with the specifications set forth in this document.

All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to the HIV Prevention and Care Group, Public Information Committee. The panel shall be composed of no less than five persons representing a reasonable cross-section of the general population, but which is not drawn predominately from the intended audience.

Guided by the CDC Basic Principles (set forth in 57 Federal Register 26742) the Program Review Panel will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Position with agency: \_\_\_\_\_

Date: \_\_\_\_\_

**Attachment 4**  
**The State of Alabama**

**ADPH HIV PREVENTION SERVICES PROJECTS**

**PROJECT TITLE:** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

**ASSURANCES**

**By signing this, applicant assures that the agency has current non-profit 501c (3) status and is in “Good Standing”.**

**As a condition of submission, any prospective applicant must agree to adhere to the following conditions by signing below.**

**Conformance with Statutes: Any contract awarded as a result of this RFP must be in full conformance with the statutory requirements of the State of Alabama and Federal Government.**

**Ownership of Proposals: All proposals in response to this RFP are to be the sole property of the state and subject to the provisions of Code of Alabama (re: freedom of information).**

**Supplying Additional Information: The applicant shall agree to supply any additional information requested.**

**Stability of Budget: Any budget from applicant must be valid for a period of 120 days from the due date of the proposals.**

**Oral Agreements: Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.**

**Amending or Canceling Requests: The state reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point prior to the issuance of the written agreement, if it is in the best interest of the agency and the state.**

**Rejection Default or Misrepresentation: The state reserves the right to reject the proposal of any applicant which is in default of any prior contract or for misrepresentation.**

**State's Clerical Errors in Awards: The state reserves the right to correct inaccurate awards resulting from its clerical errors.**

**Rejection of Proposals: Proposals are subject to rejection in whole or in part if they limit or modify any of the terms/conditions and/or specifications of the RFP.**

**Applicant Presentation of Supporting Evidence:** An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.

**Changes to Proposals:** No additions or changes to the original proposal will be allowed unless specifically requested.

**Subcontracting:** In a multi-contractor situation, the state requires a single point of responsibility and accountability.

**Regulatory Compliance:** The applicant is required to be in compliance with any applicable provisions of the Regulations of Alabama State Agencies and with State Non-discrimination and Affirmative Action laws, rules and regulations.

**Participation in the Evaluation:** The applicant is required to work with the Alabama Department of Public Health and evaluators selected by the State to comply with the requirements of the statewide evaluation. The requirements include, but are not limited to, the following:

Participate in a rigorous evaluation including process and outcome assessments as it is developed and must cooperate with the following statewide requirements at the community and program levels.

Work with the evaluation/monitoring team to finalize an evaluation plan that includes;

- 1) a statement of goals, objectives and action steps to achieve objectives.
- 2) identified survey items.
- 3) procedures for collecting process and outcome data.
- 4) timetable of activities.

Participate in meetings to develop an implementation and evaluation plan.

Document and submit the activities, strategies and participant characteristics of the program.

Assure that collaborators, supporters and project staff will be available to be surveyed or interviewed, as necessary, to ascertain progress and evaluate issues regarding program implementation and outcomes.

Interview or survey project participants before and after program interventions to monitor program outcomes.

---

Signature of Authorized Official

---

Title

---

Agency/Organization

---

Date



## Attachment 5

### ASSURANCE STATEMENT

Alabama Department of Public Health  
Office of HIV/AIDS Prevention & Control

All HIV prevention programs affiliated with the Alabama Department of Public Health are abstinence-based regardless of targeted population. Abstinence from behaviors which put one at risk for exposure to HIV (such as sexual activity or sharing needles) are stressed as the most accepted protection. Abstinence from sexual activity is emphasized as the best way to avoid transmission of the virus for both infected and uninfected individuals. For those individuals who can not practice abstinence, barrier protection is presented as a method of reducing risk of transmission for those individuals who are sexually active.

#### Contract Agency Assurance:

\_\_\_\_\_ (Contractor) agrees to conduct all prevention programs in conformance with this policy statement. I understand that if programs are observed to be noncompliant, funding will be withdrawn.

\_\_\_\_\_  
Authorized Signature                      Date  
Alabama Department of Public Health

\_\_\_\_\_  
Authorized Signature                      Date  
Contractor

## Attachment 6

### State of Alabama ADPH HIV PREVENTION SERVICES PROJECTS

<b>1.</b>	<b>PROJECT NAME OR TITLE:</b>		
<b>2.</b>	<b>COALITION OR AGENCY MEMBERS:</b>		
<b>3.</b>	<b>APPLICANT AGENCY</b> <i>(Legal name &amp; address of organization as filed with the Secretary of the State)</i>	<b>TOTAL FUNDS REQUESTED</b>	
		<b>FEIN #</b>	
<b>4.</b>	<b>CONTACT PERSON</b> <i>(Name)</i>	<b>TELEPHONE #</b>	<b>FAX #</b>
	<b>TITLE</b>	<b>INTERNET E-MAIL ADDRESS</b>	
<b>5.</b>			
	<b>TITLE</b>	<b>INTERNET E-MAIL ADDRESS</b>	
<b>6.</b>	<b>AREA SERVED</b> <i>(Check one)</i> <ul style="list-style-type: none"> <li>• Statewide</li> <li>• Towns</li> <li>• Regions</li> <li>• Catchment Areas</li> </ul>		
<p><i>I certify that to the best of my knowledge and belief the information in this proposal is true and correct. The governing body of the applicant has duly authorized the document, the applicant has legal authority to apply for assistance, the applicant will comply with all applicable federal and state regulations, and that I am a duly authorized signatory of the contract.</i></p>			
<b>NAME</b>		<b>TITLE</b>	<b>SIGNATURE</b>  
			<b>DATE</b>

**Attachment 7**

**State of Alabama  
ADPH HIV PREVENTION SERVICES PROJECTS**

PROJECT TITLE: \_\_\_\_\_  
APPLICANT NAME: \_\_\_\_\_

**COMMUNITY APPLICANT READINESS WORKSHEET**

**1. Documentation of Need**

Has your organization or coalition conducted a needs assessment or used existing data on the problem in your community to assess needs and gaps in services?      Yes      No

If so, when was it completed? \_\_\_\_\_  
\_\_\_\_\_

What are the results?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Vision and Resources**

Describe your agency's or coalition's vision for reaching the persons at risk for HIV in your community.

\_\_\_\_\_  
\_\_\_\_\_

What resources exist including strengths and assets in your community to help you realize that vision?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Community Awareness**

What is the nature and scope of the problem as your organization perceives it? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Organization/Coalition's Approach to Address Issues**

What methods has your organizations or coalition used to combat these problems in the past?

---

Please list your successes and failures.

---

---

---

---

**5. Funding History**

Have you sought and received funding for programs to address the problems uncovered by your community's needs assessment?    Yes                      No

If so, what were the sources of funding?

---

---

What were the services provided?

---

---

---

**6. Networking**

What groups or organizations have you networked with to address issues in the past?

---

---

---

Who will you network with in the future?

---

---

---

**Attachment 8**

**State of Alabama  
ADPH HIV PREVENTION SERVICES PROJECTS**

PROJECT TITLE and/or MODEL: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

Target Population \_\_\_\_\_

Intervention Type and/or Level \_\_\_\_\_

**TABLE OF CONTENTS**

**Attachment 9**

**State of Alabama  
ADPH HIV PREVENTION SERVICES PROJECTS**

PROJECT TITLE: \_\_\_\_\_  
APPLICANT NAME: \_\_\_\_\_  
Target Population: \_\_\_\_\_  
Intervention Type and/or Level: \_\_\_\_\_

**ABSTRACT**

**Attachment 10**

**State of Alabama  
ADPH HIV PREVENTION SERVICES PROJECTS**

PROJECT TITLE and/or MODEL: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

Target Population:\_\_\_\_\_

Intervention Type and/or Level:\_\_\_\_\_

**NARRATIVE AGENCY DESCRIPTION/CAPABILITY STATEMENT**

**Attachment 11**

**State of Alabama  
ADPH HIV PREVENTION SERVICES PROJECTS**

PROJECT TITLE and/or MODEL: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

Target Population \_\_\_\_\_

Intervention Type and/or Level \_\_\_\_\_

Target Audience	
Community Issues Related to HIV/AIDS (from Needs Assessment)	
Barriers to Care	
Knowledge/Perceptions of Target Audience	
Identified Community Networks	



**Attachment 12**

**State of Alabama  
ADPH HIV PREVENTION SERVICES PROJECTS**

PROJECT TITLE: and/or MODEL: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

Target Population: \_\_\_\_\_

Intervention Type and/or Level: \_\_\_\_\_

**Proposed Project Work Plan**

**1.Goals and Objectives:** In the spaces provided, please indicate your program's goal(s) and corresponding objectives, and activities, the staff person responsible for carrying out those activities, and timetable for completion. *Complete a separate page for each goal and label the pages alphabetically (eg. a, b, c, etc.).*

**Goal # 1**

Objective (s)	Activities	Staff Responsible	Time Table

2. Program Implementation	3. Collaboration	4. Outcome Expected

<b>5. Month – By – Month Time Line For Year 1 (2023-2024)</b>		
<b>Year/Activities</b>	<b>Staff Responsible</b>	<b>Expected Outcome</b>
January::		
February:		
March:		
April:		
May:		
June:		
July:		
August:		
September:		
October:		
November:		
December:		

6. Staffing Plan	7. Evaluation

**Attachment 13**

**The State of Alabama  
ADPH HIV PREVENTION SERVICES PROJECTS**

PROJECT TITLE and/or MODEL: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

Target Population: \_\_\_\_\_

Intervention Type and/or Level: \_\_\_\_\_

**BUDGET REQUEST**

Fiscal Year 2023-2024

Budget Period: From June 1, 2023 - May 31, 2024

<b>Categories</b>	<b>ADPH HIV PREVENTION SERVICES PROJECTS</b>	<b>Other funding (<i>identify source</i>)</b>	<b>Total</b>
<b>Personnel</b>			
<b>Fringe Benefits</b>			
<b>Travel</b>			
<b>Subcontractors</b>			
<b>Supplies</b>			
<b>Indirect Cost (10%)</b>			
<b>Total</b>			

**Attachment 14**

The State of Alabama

**ADPH HIV PREVENTION SERVICES PROJECTS**

PROJECT TITLE and/or MODEL:\_\_\_\_\_

APPLICANT NAME:\_\_\_\_\_

Target Population:\_\_\_\_\_

Intervention Type and/or Level:\_\_\_\_\_

Budget Narrative and Justification

**Attachment 15**

**Sample Budget and  
Budget Narrative/Justification**

**Sample Budget for HIV Prevention Services**

Agency <u>Agency Name</u>	
<b>BUDGET ITEM</b>	<b>Prevention Project Budget</b>
<b>A. PERSONNEL (list positions)</b> 1. Position 1 2. Position 2	<div style="text-align: right;">\$ xx,xxx.xx \$ xx,xxx.xx</div>
<b>B. FRINGE BENEFITS</b>	\$ xx,xxx.xx
<b>C. TRAVEL</b> 1. In-state	\$ xx,xxx.xx
<b>D. NO EQUIPMENT IS ALLOWED</b>	
<b>E. SUPPLIES</b> 1. Office 2. Education 3. Resource	<div style="text-align: right;">\$   xxx.xx \$ x,xxx.xx \$ x,xxx.xx</div>
<b>G. INDIRECT COST (10%)</b>	\$ x,xxx.xx
<b>H. TOTAL FUNDING REQUEST</b>	\$ xx,xxx.xx

## **Attachment 16**

### **Budget Narrative/Justification Worksheet** (see sample on next page)

ALABAMA HIV Prevention Services FY 2023-2024  
Community-Based Organization

#### **A. PERSONNEL**

Please include FTE percentage, salary, and a description of the individual's duties.

#### **B. FRINGE BENEFITS**

(7.65% FICA, UC, et.al.)

#### **C. TRAVEL**

#### **D. SUBCONTRACTORS**

#### **E. EQUIPMENT**

#### **F. INDIRECT COST**

#### **G. TOTAL BUDGET REQUEST**



**Project Safe Linkage to Care Intervention**  
**BUDGET JUSTIFICATION**  
*June 1, 2023 to May 31, 2024.*

**A. PERSONNEL \$ (total)**

1. Project Coordinator (25% FTE) = \$14,960

*Name, Annual salary of \$45,610 x 0.25*

The Project Coordinator is responsible for overseeing all operations of the project and ensuring that all objectives are met. Duties include preparation and submission of..... The coordinator..... The coordinator provides service updates to the HIV Prevention and Care Group.

2. Registered Nurse (45% FTE) = \$27,705

*Name, Annual salary of \$51,500 x 0.45*

The Registered Nurse provides nursing care, triage, and management. They coordinate testing and provide risk reduction information for partners and family members of the patient upon request. Links to additional services include PrEP, nPEP, Hep C screening and treatment, and case management.

**B. FRINGE BENEFITS \$ (total)**

Payroll Taxes calculated at 10.25% of personnel costs to include FICA at 7.65% and Workers Comp at 2.6%; plus Unemployment tax at 6%, limited to the first \$8,000 of earnings for each

**C. TRAVEL \$ (total)**

Mileage costs for Project Coordinator and Registered Nurse to meet program objectives:  
400 miles roundtrip/month x 12 months @ \$.54/mile = \$2,592 for travel to the remote sites, 2 HIV Clinics and 10 support group visits

430 miles roundtrip/quarter x 4 quarters @ \$.54/mile = \$928 to meet with project collaborators and for project oversight

**D. SUBCONTRACTORS \$ (total)**

**E. EQUIPMENT \$ (total)**

**F. INDIRECT COST \$ (total)**

No more than 10% may be used for indirect/administrative cost.

**G. TOTAL BUDGET REQUEST \$**

**ATTACHMENT 17**

**ADPH Special Projects Expenditure Report**

<b>GRANT NO. 0-KT9-07</b> <b>MONTH:</b> _____				
<b>Date</b>				
<b>PROJECT TITLE:</b>			<b>PROJECT PERIOD:</b>	
<b>GRANTEE: Your Organization's Name</b>			<b>FROM: June 1, 2023</b>	
			<b>TO: May 31, 2024</b>	
CATEGORY	BUDGET	EXPENDITURES THIS REPORT	CUMULATIVE EXPENDITURES	FUNDS REMAINING
<b>PERSONNEL COSTS</b>				
Position 1				
Position 2				
Position 3				
<b>FRINGE BENEFITS</b>				
<b>SUPPLY COSTS</b>				
<b>TRAVEL COSTS</b>				
<b>INDIRECT COST</b>				
<b>TOTAL</b>				

## **ATTACHMENT 18**

### **Final Check List**

Failure to comply with all mandatory requirements will render an application non-responsive and ineligible for further evaluation.

#	Mandatory Requirement	Met?
1	Was the application received by the time and date specified in the Grant Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Were one original, (1) and three (3) copies of the application supplied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Did the applicant complete and submit all of the application documents in the following order?  Insert A: Letter of Intent to Propose Insert B: Prevention Project Face Page Insert C: Community Readiness Worksheet Insert D: Table of Contents Insert E: Abstract Insert F: Project Narrative Insert G: Target Area Description Insert H: Work Plan Insert I: Budget Request & Justification Insert J: Copy of 501(c) (3) Insert K: Statement of Agreement to Comply with State Regulations Insert L: Statement of Assurance	<input type="checkbox"/> Yes <input type="checkbox"/> No